RECEIVED CENTRAL FAX CENTER DEC 0 1 2006

SMART & BIGGAR

Intellectual Property & Technology Law

To Fax no.:

(571) 273-8300

P.O. Box 2999, Station D 55 Metcalfe Street, Suite 900

Page 1 of:

3 27

Ottawa, Canada K1P 5Y6

Attention:

Group Art Unit 2193

Tel.: (613) 232-2486

Examiner Todd D. Ingberg

Fax: (613) 232-8440

From:

SMART & BIGGAR

10/660,534

Date:

November 30, 2006

Reply to Ottawa file no.:

Your file no .:

71493-1141

Time:

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office Fax. No.

(571) <u>273-8300</u> on <u>November 30, 2006</u>.

type or printed name of the person signing this certificate

Philip Lapin (Reg. No. 44,443)

7

Signature____

If there are any transmission problems, please call (613) 232-2486.

Original copy and any enclosures

□ will
⊠ will not

be sent by

図 mail 図 courier

The information contained in this transmission is confidential and only for the intended recipient identified above. If you are not the intended recipient, you are hereby notified that any dissemination or use of this communication is unlawful. If you have received this transmission in error, please immediately notify us by telephone (collect). Return the original message to us and retain no copy.

6132328440

RECEIVED
CENTRAL FAX CENTER

DEC 11 2006							
AMEND	rge Entity)		Docket No. 71493-1141 /Jas				
Application No.	Filing Date	Examiner	Custome	r No.	Group Art Unit	Confirmation No.	
10/660,534	September 12, 2003	Todd D. Ingberg	0738	0	2193	5333	
Invention: METHOD, SYSTEM AND SOFTWARE FOR TRANSPARENT INTERFACE MIGRATION							
COMMISSIONER FOR PATENTS:							
Transmitted herewith is an amendment in the above-identified application.							
The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAINING	HIGHEST#	NUMBER EXTRA		RATE	ADDITIONAL	
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS PRESENT			FEE	
TOTAL CLAIMS	15 -	15 =	0	×	\$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	X	\$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) \$0.00							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00							
No additional fee is required for amendment.							
Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed.							
☐ A check in the amount of to cover the filing fee is enclosed. ☐ The Director is hereby authorized to charge payment of the following fees associated with this							
communication or credit any overpayment to Deposit Account 19-2550							
Any additional filing fees required under 37 C.F.R. 1.16.							
Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038.							
WARNING: Information on this form may become public. Credit card information should not be							
included on this form. Provide credit card information and authorization on PTO-2038.							
	Dated: November 30, 2006						
Signature							
Philip Lapin Registration No. 44,443							
CUSTOMER NO.	I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on						
(Date)							
Tel. No. (613) 232-2486 cc:			Signature of Person Mailing Correspondence				
			Typed or Pri	Typed or Printed Name of Person Mailing Correspondence			